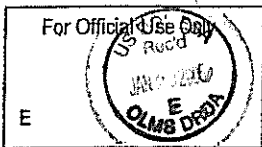


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12115</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RODNEY L. BARRETT</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6501 MASSACHUSETTS AVE</u> City <u>INDIANA POLIS</u> State <u>INDIANA</u> ZIP Code + 4 <u>46226</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> Labor Organization File Number <u>000-197</u> P.O. Box, Building and Room Number, if any _____ Street <u>7154 COLUMBIA GATEWAY DR.</u> City <u>COLUMBIA</u> State <u>MD</u> ZIP Code + 4 <u>21046</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NEEP</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>ELEVEN LARSEN WAY</u> City <u>ATTLEBORO FALLS</u> State <u>MA</u> ZIP Code + 4 <u>02763</u>	7.a. Nature of Interest, Transaction, or Income. <u>TAKING CLASSES FOR INSTRUCTORS</u> <u>Food, Lodging &amp; TRANSPORTATION</u> <u>8/30/2004 10/26/2004</u> 7.b. Amount <u>\$1,463.70</u>

Signature Rodney Barrett

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Rodney Barrett

On 8-14-05

Date

317-546-9704

Telephone Number

National Elevator Industry Educational Program  
DOL Form LM-30/Form LM-10 Info  
For the Calendar Year 2004

7/18/2005

Recipient of Benefit	Event	Event Dates	Place of Event	Date of AMEX Charge	Payee	Type of Benefit Provided	Value of Benefit Provided 2004
Barrett, Rodney L.	Mechanic Exam Development Workshop	9/19-9/22/2004	Warwick, RI	8/30/2004	Mansfield Travel Inc	Transportation	217.40
Barrett, Rodney L.	Mechanic Exam Development Workshop	9/19-9/22/2004	Warwick, RI	10/26/2004	Sheraton Hotel	Lodging & Meals	736.61
Barrett, Rodney L.	Solid State Lab Workshop	9/23-9/25/2004	Warwick, RI	10/26/2004	Sheraton Hotel	Lodging & Meals	509.69